

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	21571
	First Named Inventor	Bryan, et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTIMIZED EXPRESSION OF HPV 52 L1 IN YEAST

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/555,926	03/24/2004	21571P✓

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**
 OR
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

Name	Alysia A. Finnegan				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-2583	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Janine T.	Bryan

Inventor's Signature		Date	
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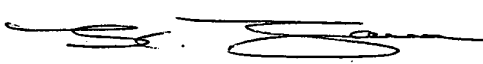
Residence: City	Furlong	State	PA	Country	US	Citizenship	US
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Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4				
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City	West Point	State	PA	ZIP	19486	Country	U.S.A.
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☒ Additional inventors are being named on the 1 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Michelle K.				Brownlow					
Inventor's Signature						Date			
Residence: City	Jamison	State	PA	Country	US	Citizenship	US		
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4								
City	West Point	State	PA	ZIP	19486	Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Loren D.				Schultz					
Inventor's Signature						Date			
Residence: City	Harleysville	State	PA	Country	US	Citizenship	US		
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4								
City	West Point	State	PA	ZIP	19486	Country	U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Kathrin U.				Jansen					
Inventor's Signature						Date	3 March 2005		
Residence: City	South San Francisco	State	CA	Country	US	Citizenship	DE		
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4								
City	West Point	State	PA	ZIP	19486	Country	U.S.A.		
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Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Mailing Address									
City		State		ZIP		Country			

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☒ Practitioners Associated with the Customer Number **000210**
 OR
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: ☒ Customer Number **000210**

Name	Alysia A. Finnegan				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-2583	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:						<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])			Family Name or Surname			
Janine T.			Bryan			
Inventor's Signature	<i>Janine T. Bryan</i>			Date	03 March 2005	
Residence: City	Furlong	State	PA	Country	US	
Citizenship	US					
Mailing Address	Merck Research Laboratories, Summeytown Pike, P.O. Box 4					
City	West Point	State	PA	ZIP	19486	
Country	U.S.A.					

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DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michelle K.				Brownlow			
Inventor's Signature	<i>Michelle K. Brownlow</i>			Date	03 Mar 2005		
Residence: City	Jamison	State	PA	Country	US	Citizenship	US
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City	West Point	State	PA	ZIP	19486	Country	U.S.A.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Loren D.				Schultz			
Inventor's Signature	<i>Loren D. Schultz</i>			Date	03 March 2005		
Residence: City	Harleysville	State	PA	Country	US	Citizenship	US
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City	West Point	State	PA	ZIP	19486	Country	U.S.A.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kathrin U.				Jansen			
Inventor's Signature				Date			
Residence: City		State		Country	US	Citizenship	DE
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City	West Point	State	PA	ZIP	19486	Country	U.S.A.

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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	